REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form) 1. NAME OF LICENSEE (Person or firm proposing to Conduct the activities described below) Neutron Products Inc.			Estimate burden per response to comply with this mandetary y collection request: 15 minutes. This notification is required so that MRC may schedule inspection of the act vities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 EG), U.S. Nuclean i equitary Commission, Washington, DC 20555-0001, or by internet c-mail to bjs1@nrc.gov and to the Deak Officer, Office of Information and Reg listory Affairs, NEOB-10202, (J150-0013), office of Management and Budget, Washington DC 20503, If a means used to Impose and Information coll school does not display a currently valid OMN control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the info information collection. 2. TYPE OF REPORT INITIAL REVISION CLARIFICATION			
Neutron Products Inc. 3. ADDRESS OF LICENSEE (Mailing	g address or other location where licensee may be lo	sated)	4. LECENSE	E CONTACT AN	DINE	
22301 Mt. Ephralm Road					lanager,	Teletherapy Operations
P.O. Box 68	•		s. Teled Number		1	6. FACSHALL NUMBER
Dickerson, Maryland 20842	•		Orchude	le Area Code) /34!)-5001		(Includo Area Code) 301/349-5007
	TVITIES TO BE CONDUCTED INDI	ER THE GENERA			10 CFR 1	
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GT EN IN 10 CFR 150.20 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELET HERAPY/IRRADIATOR SERVICE PORTABLE GAUGES OTHER (Specify) RADIOGRAPHY REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)						
a client name, address, ctr VA Medical Center, Bio 79 Middleville Road, Ro	(Street and possible) 79 Middle	TUAL PHYSICAL ADDRESS OF WORK LOCATION treet and Number or other location. Give as complete an address or directions as bile) Middleville Road, Room A018-200 thport, New York 11768				
Northport, New York 11768		10. CLIENT I NUMBER (Include)	10. CLIENT TELEPHONE		11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 631/261-4400	
12. DATES SCHEDULED		13. NUMBER OF DAYS	14. ADD	p	15. Elbte	16. LOCATION REFERENCE NUMBER
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